



Alternate Payee Change of Address/Name Form

Complete Section A and/or B as Applicable (Please Print)

Social Security Number _____ Employer _____

Name (Last, First and Middle Initial) _____

Daytime Phone Number _____ Message Phone Number _____

SECTION A: CHANGE OF MAILING ADDRESS

Old Address (Number and Street) _____

City/State/Zip _____

New Address (Number and Street) _____

City/State/Zip _____

County _____

Signature _____ Date _____

SECTION B: CHANGE OF NAME

Previous Name (Last, First and Middle Initial) _____

New Name (Last, First and Middle Initial) _____

Please provide a copy of one of the following with this request:

1. a copy of your marriage certificate
2. a copy of your divorce decree restoring your former name
3. a copy of the court order whereby you have legally changed your name

*If you are unable to provide one of the documents listed above, please complete the Name Change Affidavit in the following section.

Signature _____ Date _____

*NAME CHANGE AFFIDAVIT

I hereby affirm that there is no fraudulent intent in the decision to change my name. It is my wish that from this day forward, my retirement account for ATRS be maintained under my new name listed in Section B.

To Be Completed By Notary Public

State of _____)

County of _____)

This voluntary act sworn before me on this _____ day of _____, 20 _____.

Notary Signature _____ My Commission Expires _____